

APPENDIX C

INTERVIEWER NOTE: The purpose of this interview is to determine an individual's preference for leaving the nursing home and to begin to identify services that might be needed to live in the community. However, many nursing home residents are not aware of living alternatives or the services that may be available to assist individuals living in the community. Thus, it is essential to ensure that individuals who respond that they do not want to leave the nursing home are fully informed when making this decision. In this regard, questions 4 and 5 are designed to educate people about housing alternatives and services that might be available. All people including those that expressed an initial preference to not leave the nursing home are asked these questions. The more specific questions about housing and services (questions 6-26) are also not designed to screen people from further consideration for relocation. These questions are designed to educate people about what services and housing options might be available.

MFP Preference Interview Data Collection Tool

Subject ID #: _____ Date: ____/____/____

Interviewer ID #: _____ Start Time: _____

Hi I'm _____ from UCLA. We are doing research with the California State Department of Health and Rehabilitation. This research involves helping people who live in nursing homes move into the community to live in other places such as an assisted living facility or a group housing arrangement using the same money from Medi-Cal that is spent for nursing home care. We are trying to determine which nursing home residents receiving Medi-Cal would prefer to live in the community and might be able to be moved into the community. We would like to ask you some questions about where you (your relative) might want to live. The information you give us may help us determine which nursing home residents would prefer to live in the community.

Answering these questions is voluntary and refusing to answer the questions will not change the care you (your relative) receive at the nursing home. This interview will take 10 minutes. After the interview we may give (mail) you a form asking for written permission to gather some information from your medical record. The medical record information is necessary to help determine the services that might be needed by nursing home residents who might be moved into the community and to describe people who want to move out of the nursing home.

I want to be clear that the program has not started and that even if you answer these questions you (your relative) might not be able to receive the new benefit. Thinking about being able to live in the community may make you feel disappointed if you are not able to receive the new benefit.

We will not provide information to any person describing your responses to the interview that can be linked to your (your relative's) name unless you want to relocate from the nursing home and give us separate written consent to provide your contact information to the state agency responsible for helping people move from the nursing home. All information is stored by a code number in locked files.

After the interview is finished, if you have questions about any part of the interview you may contact John F. Schnelle, PhD or Barbara Bates-Jensen PhD from the UCLA Borun Center for Gerontological Research at 7150 Tampa Ave in Reseda, 91335 in writing or by phone at 818-774-3032 or 3234. If you have questions regarding your (your relatives) rights as a research subject, you may contact the Office for the Protection of Research Subjects, UCLA, Box 951694, Los Angeles, CA 90095-1694 or 310-825-8714.

Is now a good time and can I ask you some questions?

_____ **NO, STOP INTERVIEW**

_____ **YES, CONTINUE**

1. What changes occurred in your (your relative's) life that led you (your relative) to move to the nursing home?(PROMPT WITH EXAMPLES BELOW IF RESIDENT IS UNCERTAIN OR CONFUSED)

_____ 1. A change in medical health,

_____ 2. A need for therapy to recover from surgery,

_____ 3. A change in physical ability,

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- _____ 4. A long illness,
_____ 5. A need for help 24 hours a day,
_____ 6. Money problems,
_____ 7. Don't know, Not sure
_____ Other (LIST): _____
2. Do you think you (your relative) **would be able to** leave the nursing home and live somewhere else, now?
_____ 1. NO (GO TO Q2a),
2a. What are some reasons you (your relative) couldn't leave the nursing home?
(LIST)
1. _____
2. _____
3. _____
4. _____
(GO TO Q3)
Comments: _____
_____ 3. Don't know, Not sure (GO TO Q3)
Comments: _____
_____ 2. YES (GO TO Q3)
3. Would you (your relative) **want** to live somewhere other than the nursing home?
_____ 1. NO (Go to Q3a)
3a. What are some reasons you (your relative) want to continue living in the
nursing home? (LIST)
1. _____
2. _____
3. _____
4. _____
(GO TO Q4)
_____ 3. Don't know, Not sure (GO TO Q4)
Comments: _____
_____ 2. YES (GO TO Q4)
4. There are options for living outside the nursing home. You (your relative) could live in your (their) own home or (a senior) apartment with help from in home supportive services, personal care assistants, community meals, and special activities; you (your relative) could live in an assisted living facility, which provides meals, housekeeping, some light personal assistance, and special activities; or you (your relative) could live with 3 to 6 other people in a group home which provides meals, housekeeping, and in home

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supportive services and personal care assistants. Do you think any of these would be good for your relative? _____ NO, (Go to Q5)

_____ YES, (Go to Q5)

_____ Don't Know, Not Sure, (Go to Q5)

5. I am going to list some services that you might be able to get. You could get help with: getting out of bed, bathing, eating, toileting, getting dressed, walking, using the phone, shopping, preparing meals, housekeeping, taking medications, transportation, managing money. If you could get these services would you change your mind about leaving the nursing home?

_____ NO,

STOP INTERVIEW, GET HIPAA CONSENT SIGNED (TELL FAMILY MEMBERS THIS WILL BE MAILED TO THEM). Would you allow us to talk with your relative? _____NO _____YES

Thank you for taking the time to answer these questions

_____ YES, (Go to Q6)

_____ Don't Know, Not Sure, (Go to Q6)

6. Where would you (your relative) live and with whom?

_____Apartment or home alone

_____Apartment or home with family

_____Apartment or home with spouse or partner

_____Assisted living facility

_____Group home

_____No place to go

a. _____Are you willing to live in a group home with 3 to 6 other people?

b. _____Are you willing to live in an assisted living facility?

c. _____Are you willing to live in a senior apartment?

Now I'm going to list the services that might help you live outside the nursing home. Listen to them and tell me if you need the service.

7. Help getting out of bed and into a chair?

_____ NO (7),

_____ YES (7),

8. Help getting started to eat? For example, cutting up your food, or getting your silverware at meal times?

_____ NO (8),

_____ YES (8),

9. Help eating? For example, someone to feed you?

_____ NO (9),

_____ YES (9),

10. Help turning or moving in bed?

_____ NO (10),

_____ YES (10),

11. Help getting to the toilet?

_____ NO (11),

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- _____ YES (11),
_____ Wears adult briefs or pads
a. Help changing your adult brief or pad?
_____ NO (11a),
_____ YES (11a),
12. About how many times during the day do you think you need help getting to the toilet OR changing your adult brief/pad? _____
13. Help with morning care like brushing your teeth, washing your face, brushing your hair, or putting on your deodorant?
_____ NO (13),
_____ YES (13),
14. Help with bathing or taking a shower?
_____ NO (14),
_____ YES (14),
15. Help walking inside?
_____ NO (15),
_____ YES (15),
16. Help walking outside?
_____ NO (16),
_____ YES (16),
17. What kind of help do you need?
_____ Cane
_____ Walker
_____ Safety rails on walls
_____ Wheelchair
a. If Wheelchair, do you need help getting around in your wheelchair **inside**?
_____ NO (17a),
_____ YES (17a),
b. If Wheelchair, do you need help getting around in your wheelchair **outside**?
_____ NO (17b),
_____ YES (17b),
18. Help getting dressed in the morning?
_____ NO (18),
_____ YES (18),
a. If YES, what do you need help with
_____ Shoes/socks
_____ Shirt/dress
_____ Pants
19. Help getting undressed at night?
_____ NO (19),
_____ YES (19),
a. If YES, what do you need help with

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_____Shoes/socks

_____Shirt/dress

_____Pants

20. Help using the telephone?

_____ NO (20),

_____ YES (20),

a. YES, Do you need

_____Volume increased, can't hear

_____Large numbers, can't see to dial

_____Dialing assistance, can't dial

21. Help cooking or preparing your meals?

_____ NO (21),

_____ YES (21),

22. Help with medications?

_____ NO (22),

_____ YES (22),

23. Help with housework?

_____ NO (23),

_____ YES (23),

a. If YES, what do you need help with

_____Laundry

_____Washing dishes

_____Cleaning house

24. Help shopping?

_____ NO (24),

_____ YES (24),

25. Help with transportation?

_____ NO (25),

_____ YES (25),

26. Help managing your money or finances?

_____ NO (26),

_____ YES (26),

a. If YES, do you need help with

_____Paying your bills

_____Balancing your check book

_____Tracking your bank accounts

27. If you had help available for any of these services, would you (your relative) **be able to** leave the nursing home?

_____ NO (27)

_____ YES (27)

STOP INTERVIEW, GET HIPAA CONSENT SIGNED (TELL FAMILY MEMBERS THIS WILL BE MAILED TO THEM). Would you allow us to talk with your relative? _____NO _____YES

Thank you so much for taking the time to answer these questions. We want to be sure you understand that answering these questions does NOT mean that you will be relocated out of the nursing home. We don't want to

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create false hope about moving. We are only getting information on nursing home residents who would prefer to live some place other than the nursing home.
OFFER FOLLOW UP WITH OMBUDSMAN, INDEPENDENT LIVING CENTER, AND/OR RESEARCHER.

28. *How clear is the person in terms of what services are needed?* _____ *1-Not at all clear*
_____ *2-Somewhat clear*
_____ *3-Neither clear nor unclear*
_____ *4-Somewhat clear*
_____ *5-Very clear*

29. *How motivated is the person to relocate?* _____ *1-Not at all motivated*
_____ *2-Somewhat unmotivated*
_____ *3-Neither motivated nor unmotivated*
_____ *4-Somewhat motivated*
_____ *5-Very motivated*

End Time: _____